



Docket No. 1908

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10-21
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: McGuckin Jr. et al

Examiner: Thissell

Group Art Unit: 3739

Serial No: 10/074,468

Filed: February 12, 2002

For: APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

A M E N D M E N T

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

In response to the Office Action dated July 10, 2003, please amend the above-identified application as follows:

10/10/2003 EHAILE1 00000059 501567 10074468

01 FC:2202 27.00 DA



Docket No. 1908

3739
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr., et al

Serial No.: 10/074,468

Group Art Unit: 3739

Filed: February 12, 2002

Examiner: Thissell

For: **APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS**

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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CERTIFICATE OF MAILING

Date of Deposit: October 7, 2003

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal Sheet
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Neil Gershon
Rex Medical
2023 Summer Street
Suite 2
Stamford, CT 06905
(203) 348-0377



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: McGuckin, Jr., et al
Serial No: 10/074,468 . Group Art Unit: 3739
Filed: February 12, 2002 Examiner: Thissell
For: APPARATUS FOR DELIVERING ABLATION FLUID TO TREAT LESIONS

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
OCT 16 2003
TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[] No additional fee is required.

[X] The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments		Rate Extra	Additional Fee
Total Claims*	28	-	25	= 3	x \$ 9.00	\$ 27.00
Independent Claims	6	-	6	= 0	x \$43.00	\$ 0.00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.)					\$ 0.00
	Total:					\$ 27.00

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

[X] Charge the fee of \$27.00 to Deposit Account No. 501567
TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

- [X] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.
- [] Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):
[please check one]

1. [] Is enclosed herewith.
2. [X] Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: Oct 3, 2003

By: 

Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

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